



Waterpark

Revised 2022

This test sheet is for original exam candidates only.

Side 1: Please record each candidate's name and contact information accurately.

Gender

Date of birth

Prerequisites checked

Waterpark orientation & analysis

Lifeguarding slides

Lifeguarding river rides

Lifeguarding wave pools

Entries & removals

Sprint challenge

Object recovery

Lifeguard communication

Positioning & rotation

Scanning & observation

Prevention & intervention

Specialized techniques

Missing person

Mgmt: distressed or drowning victim

Mgmt: submerged, non-breathing victim

Mgmt: spinal-injured victims

Mgmt: injured victim

Lifeguard situations: team

Result

1
Last name ☐ M ☐ F
First name ☐ F
Address ☐ X
City Prov. Postal Code
E-mail
Phone

2
Last name ☐ M ☐ F
First name ☐ F
Address ☐ X
City Prov. Postal Code
E-mail
Phone

3
Last name ☐ M ☐ F
First name ☐ F
Address ☐ X
City Prov. Postal Code
E-mail
Phone

4
Last name ☐ M ☐ F
First name ☐ F
Address ☐ X
City Prov. Postal Code
E-mail
Phone

1*	2*	3*	4*	5*	6a*	6b*	7*	8a*	8b*	8c*	9*	10*	11a*	11b*	11c*	11d*	12

Prerequisites
National Lifeguard Pool Date earned: Location:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Prerequisites
National Lifeguard Pool Date earned: Location:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Prerequisites
National Lifeguard Pool Date earned: Location:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Prerequisites
National Lifeguard Pool Date earned: Location:

☐ Check this box if there are more candidates on the reverse side of this page.
This test sheet is Page _____ of _____ Pages

☒ - Satisfactory Performance

☐ - Fail

Total Pass for Exam

Total Fail for Exam

Invoicing Information

Host name (Affiliate or Organization paying the exam fees) Telephone
Street address
City Prov. Postal code

Exam Information

Exam date: YY MM DD
Facility name (e.g., name of waterpark) Telephone

Instructor Information

Instructor's name ID#
E-mail address
Telephone Signature

Individual who examined the candidates Same as Instructor ☐ or

Examiner's name ID#
E-mail address
Telephone Signature

Individual who apprenticed on the exam Same as Instructor ☐ or

Apprentice's name ID#



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Date of birth

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Lifeguarding wave pools

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Result

1* 2* 3* 4* 5* 6a* 6b* 7* 8a* 8b* 8c* 9* 10* 11a* 11b* 11c* 11d* 12

* Items are instructor-evaluated

5
Last name ☐ M ☐ F
First name ☐ F
Address ☐ X
City Prov. Postal Code
E-mail
Phone

6
Last name ☐ M ☐ F
First name ☐ F
Address ☐ X
City Prov. Postal Code
E-mail
Phone

7
Last name ☐ M ☐ F
First name ☐ F
Address ☐ X
City Prov. Postal Code
E-mail
Phone

8
Last name ☐ M ☐ F
First name ☐ F
Address ☐ X
City Prov. Postal Code
E-mail
Phone

Prerequisites

National Lifeguard Pool

Date earned: _____ Location: _____

Prerequisites

National Lifeguard Pool

Date earned: _____ Location: _____

Prerequisites

National Lifeguard Pool

Date earned: _____ Location: _____

Prerequisites

National Lifeguard Pool

Date earned: _____ Location: _____

☐ Check this box if there are more candidates on the reverse side of this page.

This test sheet is Page _____ of _____ Pages

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☐ - Fail

Total Pass for Exam

Total Fail for Exam

Please complete all sections on Side 1 of test sheet. Host, exam information and examiner sections must be completed on both sides 1 and 2 of the test sheet.

Invoicing Information

Host name (Affiliate or Organization paying the exam fees)

Individual who examined the candidates Same as Side 1 ☐ (sign below) or

Examiner's name ID#

Exam Information

Exam date: YY MM DD

E-mail address

()
Telephone

Signature